

Campaign Finance Section Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Green Party of Delaware			
Account Number:	*****	Date of	this Report:	12/31/2009
Reporting Period Start:	01/01/2009	_ Report	ing Period End:	12/31/2009
Office:				
Check the box that applies to t	his report:			
Primary Election General Election Other Election Special Election Final Organization Closing: Amendment:	8-DAY 30-DA 8-DAY 30-DA 8-DAY 30-DA 8-DAY 30-DA X YEAR END YES YES	XY XY	Closing Date:	
	ncluded in this Financial Report pa n process in the State of Delaware. I n provided on this report.	-		
TREASURER SIGNATURE			DATE	
CANDIDATE SIGNATURE			DATE	

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STATEMENT OF ACCOUNT BALANCE

Account Number:		*****	Reporting Period:	01/01/2009 FROM	12/31/2009
				non	10
1.	BEGINNING BALAN	NCE (Ending Balance from	ı last reporting period)		\$1,613.47
2.	RECEIPTS:			_	
	A. SCHEDULE A - T	OTAL RECEIPTS		_	\$364.00
	B. SCHEDULE C-1 -	TOTAL IN-KIND RECEI	PTS	_	\$0.00
	C. SCHEDULE D-1 -	TOTAL LOANS RECEIV	ED	_	\$0.00
	D. SCHEDULE E - T	OTAL EXPENSE REIMB	URSEMENTS RECEIVED	_	\$0.00
	E. SUBTOTAL (Total	of A,B,C,D)		_	\$364.00
3.	EXPENDITURES:				
	F. SCHEDULE B - TO	OTAL EXPENDITURES		_	\$1,232.00
	G. SCHEDULE C-2 -	TOTAL IN-KIND EXPEN	NDITURES	_	\$0.00
	H. SCHEDULE D-2 -	TOTAL LOAN PAYMEN	TS	_	\$0.00
	I. SCHEDULE E - TO	OTAL EXPENSE REIMBU	RSEMENTS PAID	_	\$0.00
	J. SUBTOTAL (Total	of F,G,H,I)		_	\$1,232.00
4.	ENDING BALANCE	(Beginning Balance plus 2	PE minus 3J)	_	\$745.47
5.	VALUE OF NON-CA	SH ASSETS (From Sched	ule F)	_	\$0.00
6.	VALUE OF DISPOSE	ED/TRANSFERRED ASSI	ETS (From Schedule G)	_	\$0.00
7.	VALUE OF LOANS A	AT END OF PERIOD (Loa	nn Balance From Schedule D-2)	_	\$0.00
8.	CLOSE OUT BALAN	NCE (Must equal zero if co	mmittee closed)	_	\$745.47



SCHEDULE A - TOTAL RECEIPTS

Account Number:	*****	Reporting Period:	01/01/2009	12/31/2009
			FROM	ТО

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
01/27/2009	J. Roy Cannon	117 Larkspur Rd., Newark, DE 19711	\$50.00	\$50.00
02/19/2009	J. Roy Cannon	117 Larkspur Rd., Newark, DE 19711	\$75.00	\$25.00
05/11/2009	J. Roy Cannon	117 Larkspur Rd., Newark, DE 19711	\$125.00	\$50.00
05/29/2009	J. Roy Cannon	117 Larkspur Rd., Newark, DE 19711	\$155.00	\$30.00
09/22/2009	J. Roy Cannon	117 Larkspur Rd., Newark, DE 19711	\$245.00	\$90.00
12/31/2009	J. Roy Cannon	117 Larkspur Rd., Newark, DE 19711	\$305.00	\$60.00
TOTAL RECEIPTS IN EXCESS OF \$100				\$305.00
TOTAL RECEIPTS NOT IN EXCESS OF \$100				\$59.00
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)				\$364.00



SCHEDULE B - TOTAL EXPENDITURES

Account Number:	*****	Reporting Period:	01/01/2009	12/31/2009
			FROM	ТО

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
06/22/2009	Green Party of the United States	PO Box 57065, Washington, DC 20009	\$30.00	\$30.00
10/07/2009	Green Party of the United States	PO Box 57065, Washington, DC 20009	\$1,030.00	\$1,000.00
TOTAL EXPENDITURES IN EXCESS OF \$100				
TOTAL EXPENDITURI	TOTAL EXPENDITURES NOT IN EXCESS OF \$100			
GRAND TOTAL EXPENDITURES				\$1,232.00
(TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)				



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number:	*****	Reporting Period:	01/01/2009	12/31/2009
		-	FROM	ТО
uring the reporting period, each it N-KIND CONTRIBUTIO	em must be listed if the aggregate amount NS IN EXCESS OF \$100:	et value in excess of \$100 for the reporting period. NOTI is over \$100, even if the individual amounts are not. LESS ANY PAYMENTS YOU MADE FOR THE GO		e person or organization several ti
Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
TOTAL CONTRIBUTION	IS IN EXCESS OF \$100			
TOTAL CONTRIBUTION	IS NOT IN EXCESS OF \$100			
GRAND TOTAL RECEIP TOTAL SHOULD ALSO		ENT OF ACCOUNT BALANCE, ITEM 2B)		

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SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number:	*****	Reporting Period:	01/01/2009 FROM	12/31/2009 TO
	ended at no charge or less than fair market vite listed if the aggregate amount is over \$100	alue in excess of \$100 for the reporting period. NOTE: b, even if the individual amounts are not.	If you pay in-kind expenditures to the same person or	organization several times during the
IN-KIND EXPENDITURES (NOTE: ESTIMATED VALUE E		LESS ANY PAYMENTS YOU RECEIVED FOR TH	IE GOODS OR SERVICES)	
Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
TOTAL EXPENDITURES	IN EXCESS OF \$100			
TOTAL EXPENDITURES	NOT IN EXCESS OF \$100			
GRAND TOTAL EXPEND (TOTAL SHOULD ALSO A		NT OF ACCOUNT BALANCE, ITEM 3G)		

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SCHEDULE D-1 - LOANS RECEIVED

Account Number:	*****	Reporting Period:	01/01/2009 FROM		12/31/2009 TO
All loans in excess of \$50 RECEIVED	DURING THIS REPORTING PERIOD	should be itemized on this schedule. NOTE: The	se loans must also be listed on Schedule D-2.		
LOANS RECEIVED IN EXCE	ESS OF \$50:				
Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
TOTAL LOANS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)					



SCHEDULE D-2 - LOANS

Reporting Period:

01/01/2009

TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)

Account Number:

					FROM		TO
outstanding loans in exce	ss of \$50 must be listed. This includes	des loans from Lending Institutions, Candidate	es Personal Funds and Other Co	ntributors			
outstanding rouns in exec	35 of \$50 must be fisted. This meta-	des founs from Lending institutions, candidate	25 Tersonal Tunes and Other Co	ntiroutors.			
DANS IN EXCESS (OF \$50:						
Date Rec'd	Lender	Endorser	Description	Int	Orig. Loan Amt	Payments Made	Balance
				Rate			
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		i		- 			
				_			
		i					
4					}	<u> </u>	

12/31/2009



SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number:	*****	Reporting Period:	01/01/2009 FROM		12/31/2009 TO	
All expense reimbursements receiv	yed by you and paid by you must be itemized.		FRUM		10	
REIMBURSEMENTS RE	CEIVED (Monies paid to you as rein	abursements for expenses you incurred.)				
Date Received	Reimburser	Description of Activity	Activity Date	Total Expense	Reimbursement	
TOTAL REIMBURSEME (TOTAL SHOULD ALSO		Γ OF ACCOUNT BALANCE, ITEM 2D.)				
REIMBURSEMENTS PAI	D (Monies paid by you to reimburse	others for expenses they incurred.)				

TOTAL REIMBURSEMENTS PAID
(TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I.)

Description of Activity

Date Paid

Campaign Finance

Payee

Activity Date

Total Expense

Reimbursement



SCHEDULE F - NON-CASH ASSETS

Account Number:	*****	Reporting Period:	01/01/2009 FROM	12/31/2009
Itemize all non-cash assets owned by	y the organization including those paid for by the o	rganization, lent to the organization and contribute	d to the organization.	
LIST ALL NON-CASH ASS	SETS			
Date Received	Description of Asset	Locatio	n of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE (TOTAL SHOULD ALSO A	APPEAR ON PAGE 2, STATEMENT OF	ACCOUNT BALANCE, ITEM 5.)		

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SCHEDULE G - ELIMINATION OF ASSETS

Account Number:	*****	Reporting Period:	01/01/2009 FROM	12/31/2009 TO
Itemize all non-cash assets disposed	of, transferred or sold by the organization during	the reporting period.		
LIST ALL ELIMINATED A	SSETS			
Date Eliminated	Description of Asse	t	Disposition of Asset	Value Received
TOTAL ASSETS ELIMINA (TOTAL SHOULD ALSO A	TED .PPEAR ON PAGE 2, STATEMENT (OF ACCOUNT BALANCE, ITEM 6.)		